

Case Number:	CM15-0175625		
Date Assigned:	09/28/2015	Date of Injury:	12/18/1995
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female, who sustained an industrial injury on 12-18-95. The patient has had history of vertebral fracture in 1995. The injured worker was diagnosed as having post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome. Treatment to date has included a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging and a urine drug screen (results not provided). Current medications include OxyContin, Hydrocodone-Acetaminophen, Flexeril, Ambien and Zoloft. As of the PR2 dated 4-15-15, the injured worker reports low back pain with numbness in her right leg below the knee and weakness in her right foot. Objective findings include tenderness over the cervical and lumbar spine and "severe" muscle spasms on palpation in the lower back paraspinous region. The treating physician requested OxyContin 10mg ER #84 and Hydrocodone-Acetaminophen 10-325mg #84. The Utilization Review dated 9-3-15, non-certified the request for OxyContin 10mg ER #84 and Hydrocodone-Acetaminophen 10-325mg #84. Per the note dated 8/21/15, the patient had complaints of low back pain at 7/10 with numbness and weakness in lower extremity. Physical examination of the low back revealed muscle spasm, tenderness on palpation and 3/5 strength. Patient had tried to taper opioid dose in February 2015 and pain went from 6/10 to 9/10. The patient has had no signs of drug abuse and signs of inappropriate use. The past medical history includes SVT with syncope. The patient has had a UDS in the past that was positive for Oxycodone. The patient has had tried and failed opioids and non-opioids including Ibuprofen and Morphine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone HCl ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tab twice daily, 84 tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Oxycodone HCl ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tab twice daily, 84 tabs. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." The patient has had history of vertebral fracture in 1995. The injured worker was diagnosed as having post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome. Treatment to date has included a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging. As of the PR2 dated 4-15-15, the injured worker reports low back pain with numbness in her right leg below the knee and weakness in her right foot. Objective findings include tenderness over the cervical and lumbar spine and "severe" muscle spasms on palpation in the lower back paraspinous region. Per the note dated 8/21/15, the patient had complaints of low back pain at 7/10 with numbness and weakness in lower extremity. Physical examination of the low back revealed muscle spasm, tenderness on palpation and 3/5 strength. Therefore, the patient has chronic pain along with significant abnormal objective findings. Patient had tried to taper opioid dose in February 2015 and pain went from 6/10 to 9/10. The patient has had no signs of drug abuse and signs of inappropriate use. The patient has had a UDS in past that was positive for Oxycodone. There is no evidence of aberrant behavior. Patient has had a trial of NSAID, Muscle relaxant and antidepressant for this injury. This medication is deemed medically appropriate and necessary. The medication Oxycodone HCl ER (Oxycontin) 10mg oral, tab ER 12 hour release, 2 tabs twice daily, 84 tabs is medically necessary and appropriate in this patient.

Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects..." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain.." The patient has had history of vertebral fracture in 1995. The injured worker was diagnosed as having post-traumatic degenerative multilevel discopathy with radiculopathy and superimposed myofascial pain syndrome. Treatment to date has included a cervical MRI on 6-15-05 that revealed degenerative changes and disc bulging. As of the PR2 dated 4-15-15, the injured worker reports low back pain with numbness in her right leg below the knee and weakness in her right foot. Objective findings include tenderness over the cervical and lumbar spine and "severe" muscle spasms on palpation in the lower back paraspinous region. Per the note dated 8/21/15, the patient had complaints of low back pain at 7/10 with numbness and weakness in lower extremity. Physical examination of the low back revealed muscle spasm, tenderness on palpation and 3/5 strength. Therefore, the patient has chronic pain along with significant abnormal objective findings. Patient had tried to taper opioid dose in February 2015 and pain went from 6/10 to 9/10. The patient has had no signs of drug abuse and signs of inappropriate use. The patient has had a UDS in past that was positive for Oxycodone. There is no evidence of aberrant behavior. Patient has had a trial of NSAID, Muscle relaxant and antidepressant for this injury. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Hydrocodone-Acetaminophen 10-325mg oral tab, take 1 tablet by mouth 4 times per day 84 tabs is medically necessary and appropriate in this patient.